No. 2
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7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17114

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4592

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3814 Texas Av. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days) 410

3. (a) PRINT FULL NAME Elizabeth Glaub

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female ~~White~~

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Glaub

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 16 1882
(Month) (Day) (Year)

8. AGE: Years 57 ~~57~~ Months 2 Days 6 If less than one day hr. min.

9. Birthplace Hungary 7
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George Weber 7
13. Birthplace Hungary
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Gromfort
15. Birthplace Hungary 7
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Glaub
(b) Address 3814 Texas Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-40
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros. L. & Nto.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 24 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3814 Texas Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 12 minute 45a M.

21. I hereby certify that I attended the deceased from 3/10/1940, 19 to 5/22, 1940
that I last saw her alive on 5/22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	1 Day.
Due to	
Due to	
Other conditions Chr. myocarditis (Include pregnancy within 3 months of death)	3-6 Months
Chr. Nephritis	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Ebw Simpson (M. D. or other) M.D
Address 3739 Grand Ave. Date signed 5/23/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9999 S. Jeffer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.